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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/765,820
	Filing Date	January 27, 2004
	First Named Inventor	Vijay Bahel et al.
	Art Unit	2123
	Examiner Name	Dwin M. Craig
Total Number of Pages in This Submission	Attorney Docket Number	0315-000555

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
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Remarks

The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name Michael Malinzak/ Michael P. Doerr	Reg. No. 43,770/52,825
Signature			
Date	April 16, 2007		

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Michael Malinzak/Michael P. Doerr	Express Mail Label No.	EV 522 877 694 US (4/16/2007)
Signature		Date	April 16, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<div><div>PTO FEE TRANSMITTAL</div><div>APR 16 2007</div><div>Effective 2/8/2006. Patent fees are subject to annual revision.</div><div><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div></div>		Complete if Known		
		Application Number	10/765,820	
		Filing Date	January 27, 2004	
		First Named Inventor	Vijay Bahel et al.	
		Examiner Name	Dwin M. Craig	
		Art Unit	2123	
TOTAL AMOUNT OF PAYMENT (\$)		120	Attorney Docket No.	0315-000555

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 08-0750 Deposit Account Name: Harness, Dickey & Pierce, PLC The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		3. ADDITIONAL FEES Large Entity Small Entity	
1. BASIC FILING FEE		Fee Code Fee (\$)	
Large Entity Small Entity		Fee Code Fee (\$)	
Fee Description		Fee Description	
Fee Paid		Fee Paid	
SUBTOTAL (1)		SUBTOTAL (3)	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		4. SEARCH/EXAMINATION FEES	
Total Claims -20 ** = 0 X Fee from below = 0		1111 500 2111 250 Utility Search Fee	
Independent Claims -3 ** = 0 X Fee from below = 0		1112 100 2112 50 Design Search Fee	
Multiple Dependent = 0		1113 300 2113 150 Plant Search Fee	
Large Entity Small Entity		1114 500 2114 250 Reissue Search Fee	
Fee Code Fee (\$)		1311 200 2311 100 Utility Examination Fee	
Fee Description		1312 130 2312 65 Design Examination Fee	
1202 50 2202 25 Claims in excess of 20		1313 160 2313 80 Plant Examination Fee	
1201 200 2201 100 Independent claims in excess of 3		1314 600 2314 300 Reissue Examination Fee	
1203 360 2203 180 Multiple dependent claim, if not paid		SUBTOTAL (4)	
1204 200 2204 100 ** Reissue independent claims over original patent		SUBTOTAL (4) (\$0)	
1205 50 2205 25 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$0)			
**or number previously paid, if greater; For Reissues, see above			

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Michael Malinzak Michael B. Derr	Registration No. Attorney/Agent	43,770/52,825
Signature	<i>Michael B. Derr</i>	Telephone	(248) 641-1600
		Date	April 16, 2007

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